



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Ernie Fletcher
Governor

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Mark D. Birdwhistell
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Shawn M. Crouch
Commissioner

November 8, 2007

TO: Emergency Transportation (55) Provider Letter Number A-46; Non-Emergency Transportation (56/16) Provider Letter Number A-13

RE: Ambulance Transportation Reimbursement

Dear *KyHealth Choices* Provider:

Kentucky Medicaid is pleased to announce the intent to increase ambulance transportation reimbursements.

- The base rate for Advanced Life Support (ALS) procedure code A0427 will increase from \$100.00 to \$110.00 location (23) and from \$50.00 to \$60.00 location (99).
- The base rate for Basic Life Support (BLS) procedure code A0429 will increase from \$75.00 to \$82.50 location (23) and from \$55.00 to \$60.00 location (99).
- The base rate for non-emergency ambulance transportation procedure code T2005 will increase from \$50.00 to \$55.00.
- The base rate for Medical First Responder procedure code A0429UC will increase from \$100.00 to \$110.00 location (23) and from \$55.00 to \$60.00 location (99).

As always, if you have any questions, please feel free to call Charles Douglass or V.G. Banta at (502) 564-2687, 8:00 a.m. until 4:30 p.m. eastern-time, Monday through Friday. We appreciate your continued support of the Medicaid program.

Sincerely,

Shawn M. Crouch
Commissioner

SMC/CB/amd00360